

Entered - 12-1-00 - sb
CL 00L0364 - ALEXIS HOLMES

00- *R* -2035

CLAIM OF: **DONNA M. WHEELER and
DONALD D. MEASE**
5814 Trammell Road
Morrow, Georgia 30260

For damages alleged to have been sustained as a result of a vehicular
accident on May 11, 2000 Peachtree Street NE, at 15th Street.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0364

Date: 12/1/00

Claimant /Victim DONNA M. WHEELER and DONALD D. MEASE

BY: (Atty) _____

Address: 5814 Trammell Road Morrow, GA 30260

Subrogation: _____ Claim for Property damage \$ 542.00 Bodily Injury \$ _____

Date of Notice: 06-06-00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 05-11-00 Place: Peachtree Steet NE., at 15th Street

Department Public Works Division: Solid Waste

Employee involved Alesha M. Odom Disciplinary Action: No action taken

NATURE OF CLAIM: Claimants' vehicle was involved in an automobile collision with a City of Atlanta vehicle. The driver of the city vehicle, while following too closely, collided with the claimants' vehicle. The claimants have retained legal representation and refiled their claim. (See claim No. 00L0964).

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

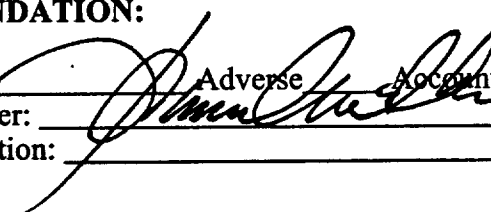
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

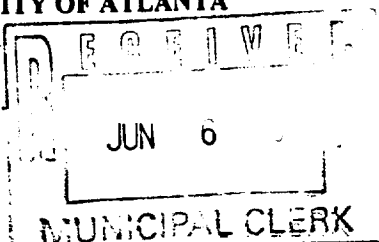
Claims Manager:  Concur/date _____

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Dear Municipal Clerk:



RE: CLAIM FOR DAMAGES

Today's Date: 6-5-00

06-06-00 P05:21 IN

ENTERED - 6-12-00 - SB
00L0364 - DOBBS JORDAN

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 542.50 property and/or \$ See attached note bodily injury for which I contend the City is liable.

1. Date of incident: 5-11-2000 (month/day/year) 2. Time of Incident: 16:15 3. Police called: ☒ Yes ☐ No

4. Location of incident (including street address): Peachtree St NE At 15th St NE

5. Name of your insurance company: Southern General Policy No. AC10-755496

6. State what and how incident occurred: I was heading South on Peachtree St NE. Traffic came to a stop. Everyone stopped except the vehicle behind me which ran into the rear of my vehicle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: F-150 1994 352 GTL LAWRENCE MARTIN
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: FORD Superwagon Alesha Odum Public Works / Sanitation
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Richard Martin 1061 Cone Rd Forest Park, Ga 30050 770-972-2222
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Donna M. Wheeler
Signature of Claimant

Donna M. Wheeler
(Print Claimant's Name)

5814 Trammell Rd.
(Address)

Morrow, Ga 30260
(City, State and Zip Code)

678) 432-6467 404) 366-0975
(Work Number) (Home Number)

00-R-2035

6-5-00

note :

Driver Lawrence Martin, is currently under the care of a doctor due to an "acute lumbar strain". This injury was sustained during the accident on 5-11-00.

We will have to wait to settle the "bodily injury" portion of the claim until all med. bills are in.

Please send another claim form for this portion of the claim.

Thanks,
Donna M. Wheeler

Donna M. Wheeler